

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/555801		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/				51		
2		/		/			52		
3		/		/			53		
4		/		/			54		
5		/		/			55		
6		/		/			56		
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8		/		/			58		
9		/		/			59		
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12		/		/			62		
13		/		/			63		
14		/		/			64		
15		/		/			65		
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44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		1				TOTAL IND.		
TOTAL DEP.	17		16				TOTAL DEP.		
TOTAL CLAIMS	18		17				TOTAL CLAIMS		